

Beneficiary Fee Waiver Request for Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a fee waiver for medical expenses incurred under my beneficiary account. Due to [briefly explain your financial situation, e.g., "unexpected medical emergencies" or "loss of income"], I am currently unable to cover these expenses.

Details of the medical expenses:

- Service Date: [Insert Date]

- Provider: [Insert Provider Name]

- Amount: [Insert Amount]

I have attached relevant documents, including [list any attached documents, e.g., "medical bills, proof of income, etc."]. I respectfully ask for your consideration of my request to waive these fees due to my current financial hardship.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]